



AP/A 1PW 3641

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE PTO/SB/22 (10-00)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
32140-153023

In re Application of Ulrike JECK-PROSCH et al.

Application Number 09/512,669

Filed February 24, 2000

For MONO-, DI- OR TRI-BASIC PROPELLANTS FOR GUN  
AMMUNITION AND METHOD FOR PRODUCING THE SAME

Group Art Unit  
3641

Examiner  
M. Cleveland

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ \_\_\_\_\_
- ☒ Two months (37 CFR 1.17(a)(2)) \$450.00
- ☐ Three months (37 CFR 1.17(a)(3)) \$ \_\_\_\_\_
- ☐ Four months (37 CFR 1.17(a)(4)) \$ \_\_\_\_\_
- ☐ Five months (37 CFR 1.17(a)(5)) \$ \_\_\_\_\_

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 26,032.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

January 26, 2005

Date

Signature

Marina V. Schneller

Typed or printed name

01/28/2005 HGBREH1 00000049 220261 09512669

01 FC:1252

450.00 DA

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of \_\_\_\_\_ forms are submitted.

**VENABLE**  
ATTORNEYS AT LAW

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Dc577214



USE IN LIEU OF PTO/SB/17 (11-04)  
Reflects USPTO filing fees in effect from 12/\_\_\_/04

<b>FEE TRANSMITTAL</b> <b>For FY 2005</b> <i>(Reflects USPTO filing fees in effect from 12/08/04)</i>				<b>Complete if Known</b>																																																																			
<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="border: 1px solid black; padding: 5px;"><b>TOTAL AMOUNT OF PAYMENT</b> (\$ <b>450.00</b>)</div>				Application Number		09/512,669																																																																	
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				First Named Inventor		Ulrike JECK-PROSCH																																																																	
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<b>METHOD OF PAYMENT</b> (check all that apply)				<b>FEE CALCULATION</b> (continued)																																																																			
<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account    <input type="checkbox"/> None Deposit Account Number: <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: center;">22-0261</div> Deposit Account Name: <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: center;">Venable LLP</div> The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments to the above-identified deposit account. <input type="checkbox"/> Other (please identify): _____</div>				<b>2. EXTRA CLAIM FEES</b>																																																																			
				<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left;">Fee Description</th><th style="text-align: right;">Fee (\$)</th><th style="text-align: right;">Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td style="text-align: right;">50</td><td style="text-align: right;">25</td></tr><tr><td>Each independent claim over 3</td><td style="text-align: right;">200</td><td style="text-align: right;">100</td></tr><tr><td>Multiple dependent claims</td><td style="text-align: right;">360</td><td style="text-align: right;">180</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td style="text-align: right;">50</td><td style="text-align: right;">25</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td style="text-align: right;">200</td><td style="text-align: right;">100</td></tr><tr><td colspan="3"><b>Total Claims</b></td></tr><tr><td style="text-align: right;">- 20 =</td><td style="text-align: right;">0</td><td style="text-align: right;">x 50 = 0.00</td></tr><tr><td colspan="3"><b>Indep. Claims</b></td></tr><tr><td style="text-align: right;">- 3 =</td><td style="text-align: right;">0</td><td style="text-align: right;">x 200.00 = 0.00</td></tr><tr><td colspan="3"><b>Multiple Dependent Claims</b></td></tr><tr><td style="text-align: right;">Fee (\$)</td><td style="text-align: right;">Fee Paid (\$)</td><td></td></tr><tr><td colspan="3" style="text-align: right;"><b>Subtotal (2) \$</b></td></tr></tbody></table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims	360	180	For Reissues, each claim over 20 and more than in the original patent	50	25	For Reissues, each independent claim more than in the original patent	200	100	<b>Total Claims</b>			- 20 =	0	x 50 = 0.00	<b>Indep. Claims</b>			- 3 =	0	x 200.00 = 0.00	<b>Multiple Dependent Claims</b>			Fee (\$)	Fee Paid (\$)		<b>Subtotal (2) \$</b>																											
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<b>SUBMITTED BY</b>																																																																							
Signature:		Registration No. (Attorney/Agent): 26,032	Telephone: (202) 344-4000																																																																				
Name (Print/Type): Marina V. Schneller		Date:																																																																					